MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19545

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) ELIZABETH A BLACKBURN

4. DATE OF DEATH: (Month) Sept (Day) 5 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Sept 13 1876

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Philadelphia Pa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Ambler

14. MOTHER'S MAIDEN NAME: Sarah Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elmer C Blackburn Bel Air RD. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 da

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Ch hypertensive cardio-Vascular Disease — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1938, to Sept 5, 1952, that I last saw the deceased alive on Sept 5, 1952 and that death occurred at 7:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Willard P. Hudson, M.D. Forest Hill, Md 9/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/8/52

NAME OF CEMETERY OR CREMATORY: Plymouth Meeting

LOCATION (City, town, or county) (State): Norristown Pa

DATE REC'D BY LOCAL REG. 9/6/52

REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: Joseph T Foster

ADDRESS: Bel Air Md

RECEIVED
SEP 9 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09546

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Haure de Grace
LENGTH OF STAY (in this place): 10 HRS. 36 MIN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (Middle) Burton (Last)

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 9-2-52

9. AGE last birthday: ✓ yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours 10 / Min. 36

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles E. Burton

14. MOTHER'S MAIDEN NAME: Violet Trala

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Charles E. Burton (father).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 19 52, to 9-3, 19 52, that I last saw the deceased alive on 9-2, 19 52, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Harford Mem. Hosp. DATE SIGNED: 9/5/52

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify) | DATE THEREOF: 9-3-52 | NAME OF ~~CEMETERY~~ OR CREMATORY: HARFORD MEMORIAL HOSP | LOCATION (City, town, or county) (State): HAURE DE GRACE, MD.

DATE REC'D BY LOCAL REG.: Sept. 5. 1952 | REGISTRAR'S SIGNATURE: A. L. Lewis M. D. | 24. ~~FUNERAL~~ DIRECTOR: SANFORD KOTZEN (SAME) ADDRESS: [signature] Sanford Kotzen

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BUREAU V. S

09547

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Level

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) near Level

3. NAME OF DECEASED (Type or Print) (First) Elta (Middle) Grace (Last) Callahan
4. DATE OF DEATH (Month) Sept. (Day) 10 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar. 10-1887
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James L. Bowman
14. MOTHER'S MAIDEN NAME Jennie Gorrell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Chas. J. Callahan - Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary edema	48 hrs.
410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Stenosis - Rheumatic	
(260X)	(c) heart disease	16 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 25 yrs

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Sept, 1951, that I last saw the deceased alive on Sept 11, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE J. Ralph Horky MD (Degree or title) ADDRESS Churchville Md DATE SIGNED Sept 12

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 14 1952
NAME OF CEMETERY OR CREMATORY Rock Run Cemetery
LOCATION (City, town, or county) Varlington, Maryland. (State)
DATE REC'D BY LOCAL REG. Sept 12, 1952
REGISTRAR'S SIGNATURE Bertha B. Knight
24. FUNERAL DIRECTOR Henry Tarring & Sons - Aberdeen Maryland. ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09548

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: Harford COUNTY — Maryland MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Forest Hill — LENGTH OF STAY (in this place): 4 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Walters Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE — Harford COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace

STREET ADDRESS (If rural, give location): 739 Ontario

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (Last) CAPONIC ~~JAPONICA~~

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 8 1873

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months 11, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Penn. Railroad

11. BIRTHPLACE (State or foreign country): Aberdeen, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Caponic

14. MOTHER'S MAIDEN NAME: Annie Chowskinty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mrs. Wm. Hiemiller, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) CEREBRAL HEMORRHAGE — 10 min

DUE TO

Antecedent cause(s) (b) Cha Cardio Vascular disease — ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to Sept 15, 1952, that I last saw the deceased alive on Sept 9, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson, M.D. (DEGREE OR TITLE) — ADDRESS: Forest Hill, Md — DATE SIGNED: 9/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/19/52 — NAME OF CEMETERY OR CREMATORY: Bakers — LOCATION (City, town, or county) (State): Aberdeen, Md.

DATE REC'D BY LOCAL REG.: 9/18/52 — REGISTRAR'S SIGNATURE: Priscilla Forwood — 24. FUNERAL DIRECTOR: Cunningham & Son — ADDRESS: Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 09549

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hazen (Middle) James (Last) Chandler
4. DATE OF DEATH (Month) September (Day) 13 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 14/1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gunther Brewery
10b. KIND OF BUSINESS OR INDUSTRY Book Keeper
11. BIRTHPLACE (State or foreign country) Houlton, Maine
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Lowell E Chandler
14. MOTHER'S MAIDEN NAME Margaret MacIlroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 162-05-5955
17. INFORMANT AND ADDRESS Mrs Honora M Chandler

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: none

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md. 9/13/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 15/52
NAME OF CEMETERY OR CREMATORY Sepulcra
LOCATION (City, town, or county) (State) Perryman Harford Co Md

DATE REC'D BY LOCAL REG. 9/13/52
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Joseph T Foster Bellair Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmorton | LENGTH OF STAY (in this place) 45 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bel Air, R.D.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): First ROSE | (Middle) K | (Last) CLARK
4. DATE OF DEATH: (Month) Sept. (Day) 15, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-28-1907
9. AGE last birthday: 45 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-Steno.,
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.,
11. BIRTHPLACE (State or foreign country): Harford Co., Md.,
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Charles P. Clark
14. MOTHER'S MAIDEN NAME: Fannie W. Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 216-10-7333
17. INFORMANT: Catherine S. Clark, Bel Air, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE CORONARY OCCLUSION — 10 MINUTES

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ANGINA — 3 Months.

(c) HYPERTENSION SEVERE — Less than 6 Mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 SEPT, 1952, to 15 SEPT, 1952, that I last saw the deceased alive on 14 SEPT, 1952, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
H R Sudwell M D — Bel Air — 16 Sept 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 9/18/1952 | NAME OF CEMETERY OR CREMATORY: St. Francis | LOCATION (City, town, or county) (State): Abingdon, Harford, Md.,

DATE REC'D BY LOCAL REG. 9/19/52 | REGISTRAR'S SIGNATURE: Priscilla Fonwood | 24. FUNERAL DIRECTOR — ADDRESS: Howard K. McConnell Son, Abingdon Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
22 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 54 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 134 N. Washington

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) J. (Last) Correri
4. DATE OF DEATH (Month) (Day) (Year) 9/5/52 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7/12/1890
9. AGE last birthday 62 yrs. If under 1 year Months 1 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Fruit
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Paul Correri
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs. Margaret Correri, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Thrombosis	1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic	
	(c)	Cardiac Block	5 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5/, 1952, to 9/5/, 1952, that I last saw the deceased alive on 9/5, 1952 and that death occurred at 10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Christine J. Foley M.D.
ADDRESS 400 Hanson Ave Havre de Grace Md
DATE SIGNED 9/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/9/52
NAME OF CEMETERY OR CREMATORY Mt. Erin
LOCATION (City, town or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Sept. 9 1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Cunningham & Son
ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: #2 Paradise Road.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): #2 Paradise Road

3. NAME OF DECEASED (Type or Print): (First) Eugine (Middle) W. (Last) Cullum
4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7-1879
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Henry Cullum
14. MOTHER'S MAIDEN NAME: Rebecca Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Eugine W. Cullum - Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hyperlensive Heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 1951, to Sept 29 1952, that I last saw the deceased alive on Sept 29, 1952 and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE: C. S. Lewis MD (Degree or title) — ADDRESS: Havre de Grace Md — DATE SIGNED: 10-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 3rd 1952 — NAME OF CEMETERY OR CREMATORY: Bakers Cemetery — LOCATION (City, town, or county) (State): Aberdeen, Harford Co. Md.

DATE REC'D BY LOCAL REG.: October 3-52 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Henry Farring and Sons. — ADDRESS: Aberdeen Maryland.

OCT 6 1900

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Harford MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-- Forest Hill

LENGTH OF STAY (in this place) 6 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-- Forest Hill

STREET ADDRESS (If rural, give location)

NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) Strickler (Last) Daniels

4. DATE OF DEATH: (Month) Sept. (Day) 14, (Year) 1952

5. SEX: [illegible]

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 14, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Engineer

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Yates Daniels

14. MOTHER'S MAIDEN NAME: Mary Alice Strickler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Sp. Am.

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Alice Forwood, Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

DUE TO

Antecedent cause(s) (b) Chr. Hypertensive Cardio-Vascular Disease — ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: None

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1947, to Sept. 14, 1952, that I last saw the deceased alive on Sept. 14, 1952, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson (DEGREE OR TITLE) M.D. ADDRESS Forest Hill, Md. DATE SIGNED 9-15-52

23. BURIAL, CREMATION REMOVAL (Specify): B.

DATE THEREOF 9.17.52

NAME OF CEMETERY OR CREMATORY Bailo Nat.

LOCATION (City, town, or county) (State) Bailo. Md.

DATE REC'D BY LOCAL REG. 9/16/52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible]

ADDRESS 130 E. Fort Ave.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 21 hrs. 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Md.
STREET ADDRESS (If rural, give location) Genera Delivery Aberdeen

3. NAME OF DECEASED (Type or Print) (First) Lucille (Middle) R. (Last) Akins

4. DATE OF DEATH (Month) Sep. (Day) 2 (Year) 1952

5. SEX female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug. 26, 1952

9. AGE last birthday yrs. If under 1 year Months Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Leonard Morris

14. MOTHER'S MAIDEN NAME Mary Akins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mary Akins - Gen. Delivery Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dehydration

764.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vomiting and diarrhea

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1/, 1952, to 9/2, 1952, that I last saw the deceased alive on 9/2, 1952 and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE P. Valamidi (Degree or title) M.D. ADDRESS Harford Memorial Hosp DATE SIGNED 9/2/1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 4, 1952

NAME OF CEMETERY OR CREMATORY Union M.E. Cemetery

LOCATION (City, town, or county) Aberdeen (State) Md

DATE REC'D BY LOCAL REG. Sept. 3 - 1952

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR Elmer E Bullock - Havre de Grace, Md ADDRESS

2 ... 21124 ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16-1

RECEIVED
SEP 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FALLSTON
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FALLSTON
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Evelyn (Middle) P (Last) Gable

4. DATE OF DEATH (Month) (Day) (Year) September 30 19 52

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) WIDOWED

8. DATE OF BIRTH JAN. 9, 1884

9. AGE last birthday 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BRISCOE

14. MOTHER'S MAIDEN NAME —

15. WAS [illegible] EVER IN U.S. ARMED FORCES? (Yes, [illegible] No) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS C.C. GRASTY, 104 W. UNIVERSITY PARKWAY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Morbid conditions, if any, giving rise to the above cause (b) .....
State the underlying cause last (c) .....

260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 1 year

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Gerald C Palmer M D Deputy Medical Examiner ADDRESS Harford Co Bel Air 9/30/52 DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) BURIAL | DATE THEREOF 10/2/52 | NAME OF CEMETERY OR CREMATORY U. S. NATIONAL CEMETERY | LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG. 10/2/52 | REGISTRAR'S SIGNATURE C. W. Hedrick | 24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 ST. PAUL STREET

Jane

VS. A15A

PLEASE WRITE PLAINLY WITH UNFADING INK. MARGIN RESERVED FOR BINDING

Inspect important. Physicians: please write plainly. The correct age of item of information carefully. The correct age causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) about 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 Strawberry Alley

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 113 Strawberry Alley

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Gibson

4. DATE OF DEATH (Month) 9 (Day) 26 (Year) 1952

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-17-1908
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Camden, New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Gibson
14. MOTHER'S MAIDEN NAME No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 113 Strawberry Alley Harvey Kumsey Jr. Havre de Grace, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	1 day
581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Abdominal Ascites	6 mo
	(c) Cirrhosis of Liver	5 Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Sept 26, 1952, that I last saw the deceased alive on Sept 26, 1952, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE Jno Wolbert (Degree or title) MD ADDRESS Havre de Grace DATE SIGNED 9/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/29/52
NAME OF CEMETERY OR CREMATORY Union Methodist Cemetery
LOCATION (City, town, or county) Aberdeen (State) Md.

DATE REC'D BY LOCAL REG. Sept 28-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Emmett E. Burock ADDRESS Havre de Grace, Md

OCT 1
CANCELLED

51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Lee (Last) Gilbert
4. DATE OF DEATH (Month) Sept (Day) 10 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 22-1896
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Clerk
10b. KIND OF BUSINESS OR INDUSTRY Store
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Benj. Gilbert
14. MOTHER'S MAIDEN NAME Catherine Savard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) War I.
16. SOCIAL SECURITY No. 219-07-5099
17. INFORMANT AND ADDRESS Pearl Gilbert - Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 10 1952 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 13-1952
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) Aberdeen (State) Maryland
DATE REC'D BY LOCAL REG. Sept. 15-1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Henry Tarring and Sons - ADDRESS Aberdeen Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5A

SEP

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benson
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) A. (Last) GROSS

4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Cave-wh.
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: June 6, 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 3 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Mannion
14. MOTHER'S MAIDEN NAME: Ann Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Marie Smith, Benson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 34 hrs

DUE TO

Antecedent cause(s) (b) Chr. hypertensive Cardio-Vascular Disease ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Sept 14, 1952, that I last saw the deceased alive on Sept 14, 1952 and that death occurred at 3:27 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Willard P. Hudson, M.D. ADDRESS Forest Hill, Md DATE SIGNED 9-15-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept. 17, 1952
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 9/16/52
REGISTRAR'S SIGNATURE Priscilla Foxwood
24. FUNERAL DIRECTOR Martin G. Kurtz, ADDRESS Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51 T

SEP 22 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09558

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Grounds

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reinholds - Rural
STREET ADDRESS (If rural give location) R. D. # 1

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W (Last) HAINLEY

4. DATE OF DEATH (Month) (Day) (Year) September 26 1952

5. SEX: Male
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb 19, 1931
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George E. Hainley
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Current
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Military Pers. Aberdeen Proving Ground Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
057.0
Immediate cause (a) Shock + Cerebral Anoxia
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute Meningo-encephalitis
DUE TO
(c)

Interval Between Onset And Death: 1½ hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2230 28 Sept, 1952, to 2240 26 Sept, 1952 that I last saw the deceased alive on 26 Sept, 1952, and that death occurred at 2240 hrs 26 Sept 52, from the causes and on the date stated above.

SIGNATURE Mark F. Maats (Degree or title) Cpt MC
ADDRESS 2151-1 USAN APG Md
DATE SIGNED 26 Sept 52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 9/29/52
NAME OF CEMETERY OR CREMATORY Fenver Cemetery
LOCATION (City, town, or county) (State) Fenver Tenn.

DATE REC'D BY LOCAL REGISTRAR Sept. 29. 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Henry Farring End Sons. Aberdeen Maryland.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Hamon's
4. DATE OF DEATH (Month) Sept. (Day) 8 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7/12/49
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jess James Hamon's
14. MOTHER'S MAIDEN NAME Margaret Eagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Father - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia, diarrhea, infection

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7, 1952, to 9/8, 1952 that I last saw the deceased alive on 9/8, 1952, and that death occurred at 5:35 P.m., from the causes and on the date stated above.

SIGNATURE P. Vasamid (Degree or title) M.D. ADDRESS Harford Mem. Hosp. DATE SIGNED 9/8/52

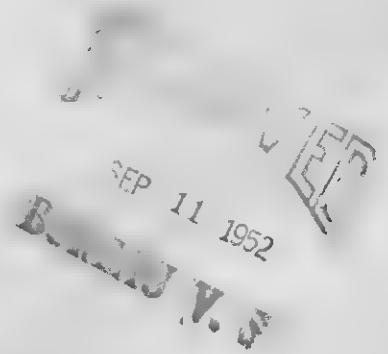
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 11 52
NAME OF CEMETERY OR CREMATORY North Bend
LOCATION (City, town, or county) Rocks Harford (State) Md

DATE REC'D BY LOCAL REG. Sept 8-1952
REGISTRAR'S SIGNATURE G. L. Lewis M.D.
24. FUNERAL DIRECTOR Martin G. Kurtz ADDRESS Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.


SEP 11 1952

Item 8 FilmG147 10/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

60

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin — LENGTH OF STAY (In this place) Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) H. (Last) Haslach

4. DATE OF DEATH: (Month) Septem (Day) 25 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: White — 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Sept 27 1886 — AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Stock Raising

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Adam Haslach

14. MOTHER'S MAIDEN NAME: Elizabeth Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mrs. Maude Haslach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suicide by hanging — Interval between onset and death: none

9144 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ OF INJURY — PLACE (Home, farm, factory, street, office bldg., etc.): Barn — (CITY OR TOWN) Dublin — (COUNTY) Harford — (STATE) Md

TIME OF INJURY (Month) 9 (Day) 25 (Year) 52 (Hour) 3 P m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Hanged self in his barn

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md. 9/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 28 1952 — NAME OF CEMETERY OR CREMATORY: Dublin Cem — LOCATION (City, town, or county) (State): Harford Co Md

DATE REC'D BY LOCAL REG.: Sept 27/1952 — REGISTRAR'S SIGNATURE: C. W. Kirk — 24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Md. Rural
STREET ADDRESS (If rural, give location) Aikin

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) M. (Last) Jackson
4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 2-3-1877
9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: James Miller
14. MOTHER'S MAIDEN NAME: Sarah Gillespie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: E. W. Jackson — husband. Perryville, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure (acute)

434.1

Antecedent cause(s) Diseases or conditions if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1952, to 9-28, 1952, that I last saw the deceased alive on 9-28, 1952, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Edward L. Lewis M.D. Havre de Grace 9-28-52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-1-1952 | NAME OF CEMETERY OR CREMATORY: Hopewell | LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Sept 30-1952 | REGISTRAR'S SIGNATURE: E. L. Lewis M.D. | 24. FUNERAL DIRECTOR | ADDRESS: Lee A. Patterson & Son. Perryville, Md.

OCT 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09562

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Street
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Larry (Middle) Eugene (Last) Johnson
4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 14 1952
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 12 Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Leon Ralley Johnson
14. MOTHER'S MAIDEN NAME: Esther Alberta Akins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Esther Johnson - Mother Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral anoxia due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prolapse of cord

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 1952, to Sept 14, 1952, that I last saw the deceased alive on Sept. 14, 1952, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

SIGNATURE: P. Valamides — (Degree or title): M.D. — ADDRESS: Harford Memorial H. — DATE SIGNED: 9/14/952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/16/52 — NAME OF CEMETERY OR CREMATORY: Chestnut Grove — LOCATION (City, town, or county): Rocks — (State): Md.

DATE REC'D BY LOCAL REG.: Sept. 15-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Charles Hurst — ADDRESS: Darrettsville Md.

24 4 224404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 16
BURNEY V. E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (in this place) Traveling
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurelton, L. I.
STREET ADDRESS (If rural, give location) 143-32 - 229th ST.

3. NAME OF DECEASED (Type or Print): (First) EVANS (Middle) (Last) Kuriga

4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: May-22-1892

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tel MOTOR REPAIR MAN

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Fedor Kuriga

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Irene Kuriga (wife).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4/2'/ Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

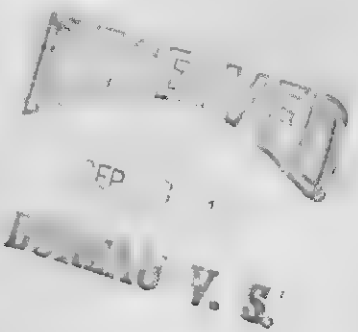
22. I hereby certify that I attended the deceased from 9-1, 19 52, to 9-2, 19 52, that I last saw the deceased alive on 9-1, 19 52, and that death occurred at 5 30 p.m., from the causes and on the date stated above.

SIGNATURE: V. DeSanctis (Degree or title) M. D. ADDRESS: Harford Memorial H. DATE SIGNED: 9/2/1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/5/52 — NAME OF CEMETERY OR CREMATORY: Holy Cross — LOCATION (City, town, or county) (State): Brooklyn N. Y.

DATE REC'D BY LOCAL REG.: Sept. 2-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Havre de Grace, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Emil (Last) Lieske
4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 6-4-94
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Owner
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Lieske
14. MOTHER'S MAIDEN NAME Helen MASSAMAN.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ?
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Mary E. Lieske (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerotic Cardio Vascular

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis

(c) Diabetes Mellitus.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1952, to 9-10, 1952, that I last saw the deceased alive on 9/9, 1952, and that death occurred at 5 15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley MD
ADDRESS 410 S Main Havre de Grace Md
DATE SIGNED 9/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 13, 1952
NAME OF CEMETERY OR CREMATORY Trinity Lutheran
LOCATION (City, town, or county) Joppa, Harford (State) Md

DATE REC'D BY LOCAL REG. Sept. 12-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Howard R. McConnes & Son
ADDRESS Abingdon Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP 15
BURKE V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE S.C. COUNTY Unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN York
STREET ADDRESS (If rural, give location) R.D. 4 - Box 52A.

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) Ervin (Last) Long Jr.

4. DATE OF DEATH (Month) September (Day) 19 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Unknown
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Southern Motor Exp
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred E. Long Sr.
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Unknown
16. SOCIAL SECURITY No. 251-24-6259
17. INFORMANT AND ADDRESS Ark. Paysour, Gastonia, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture Cervicle Vertebra

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY N S Route 40 (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Sept (Day) 19, (Year) 1952 (Hour) 7 A m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Auto accident, auto auto type

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Gerald C Palmer M D (Degree or title) Deputy Medical Examiner ADDRESS Harford Co Bel Air Md DATE SIGNED 9/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9/20/52
NAME OF CEMETERY OR CREMATORY Unknown
LOCATION (City, town, or county) Gastonia, N.C. (State)

DATE REC'D BY LOCAL REG. Sept 19-1952
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR ADDRESS Ward-Paysour Funeral Service Robert F. Paysour 218 S. Oakland St. Gastonia, N.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

SEP 23

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; MARYLAND; LENGTH OF STAY (in this place) 20 hrs. 10 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Maryland; STREET ADDRESS (If rural, give location) Forge Road - c/o Cora Gwynn ✓

3. NAME OF DECEASED (Type or Print): (First) Lottie (Middle) (Last) Lowery

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Seperated

8. DATE OF BIRTH: 9-24-78

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Parker

14. MOTHER'S MAIDEN NAME: Eliza Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Cora Gwynn - Forge Road - Fullerton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Insufficiency — Interval between onset and death:

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

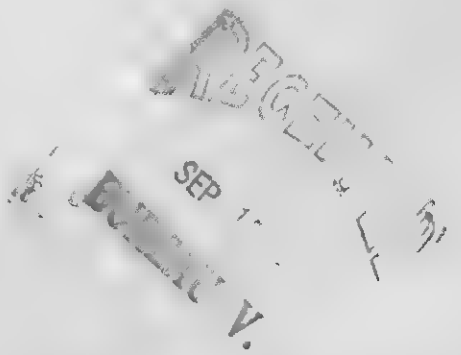
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1952 to 9/10, 1952 that I last saw the deceased alive on 9/10, 1952 and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE P. Vasamidis | (Degree or title) M. D. | ADDRESS Harford Mem. Hosp. | DATE SIGNED 9/10/1952

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 9-13-52 | NAME OF CEMETERY OR CREMATORY Mountain Cemetery | LOCATION (City, town, or county) Mountain (State) Md.

DATE REC'D BY LOCAL REG. Sept. 12-1952 | REGISTRAR'S SIGNATURE A. L. Lewis M.D. | 24. FUNERAL DIRECTOR Elmer E Bullock | ADDRESS Havre de Grace Md


SEP

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 So. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
STREET ADDRESS (If rural, give location) 113 So. Washington St.

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) H. (Last) Mashin

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 18, 1871
9. AGE last birthday: 80 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Rauschenberg
14. MOTHER'S MAIDEN NAME: Johanna Bechtold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: J. Carville Mashin Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cardio-Vascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

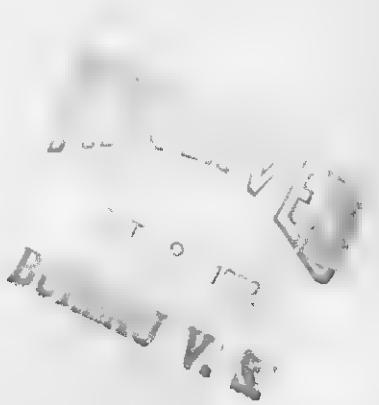
22. I hereby certify that I attended the deceased from 9-3, 1948, to 9-28, 1952, that I last saw the deceased alive on 9-28, 1952, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Lewis M.D. Havre de Grace, Md Sept. 30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 30 1952
NAME OF CEMETERY OR CREMATORY: Angel Hill
LOCATION (City, town, or county): Havre de Grace
(State): Md.

DATE REC'D BY LOCAL REG.: Sept. 30-1952
REGISTRAR'S SIGNATURE: G. L. Lewis M.D.
24. FUNERAL DIRECTOR: R. Madison Mitchell
ADDRESS: Havre de Grace Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A25

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 655 St. Clair St.

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) Amanda (Last) Mitchell

4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-31-1906

9. AGE last birthday: 45 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pract. Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Hosp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Stansbury

14. MOTHER'S MAIDEN NAME: Mary Giles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-14-9976

17. INFORMANT AND ADDRESS: Arthur Mitchell, 655 St. Clair St. Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart failure c Uremia — 6 mos.

4427 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Hypertensive Cardiorenal disease — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1952, to 9/16, 1952, that I last saw the deceased alive on 9/16, 1952, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

George T. Stansbury, M.D. | Havre de Grace, Md. | 9/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 19, 1952 | NAME OF CEMETERY OR CREMATORY: Union Methodist Cemetery | LOCATION (City, town, or county): Aberdeen | (State): Md.

DATE REC'D BY LOCAL REG.: Sept. 18-1952 | REGISTRAR'S SIGNATURE: G. L. Lewis M.D. | 24. FUNERAL DIRECTOR: Elmer E. Bullock | ADDRESS: Havre de Grace, Md.

SEP 19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) (Last) Munnikhuysen

4. DATE OF DEATH: (Month) September (Day) 27 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: January 11 1864

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Belgium

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm T Munnikhuysen

14. MOTHER'S MAIDEN NAME: Elizabeth W Brygerly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 552 E 38th St John B Munnikhuysen Balto 18 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease — Interval between onset and death: 2 years

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Sept 27, 1952, that I last saw the deceased alive on Sept 22, 1952, and that death occurred at 6 A m., from the causes and on the date stated above.

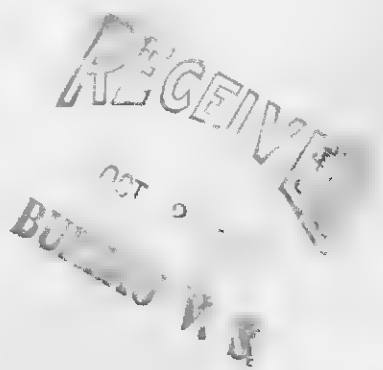
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold C Palmer M.D. Bel Air Md. 9/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 29/52 — NAME OF CEMETERY OR CREMATORY: St Mary's — LOCATION (City, town, or county) (State): Emmorton Harford Co Md

DATE REC'D BY LOCAL REG. 9/28/52 — REGISTRAR'S SIGNATURE: Priscilla Towood

24. FUNERAL DIRECTOR ADDRESS: Joseph L Slater Bel Air Md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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood; LENGTH OF STAY (In this place) 12 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) R. (Last) O'Keefe

4. DATE OF DEATH: (Month) September (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 9, 1904

9. AGE last birthday: 48 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Philadelphia Pa.,

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Ramson

14. MOTHER'S MAIDEN NAME: Sarah Lukens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. -

17. INFORMANT AND ADDRESS: James O'Keefe, Edgewood Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — —

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

(26(x))

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

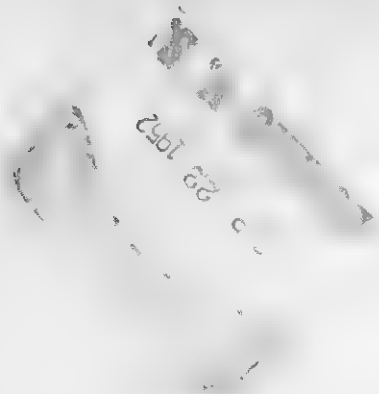
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert e Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md. 9/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 9/17/1952; NAME OF CEMETERY OR CREMATORY William Penn; LOCATION (City, town, or county) (State) Summerton, Bucks, Pa.,

DATE REC'D BY LOCAL REG. 9/17/1952; REGISTRAR'S SIGNATURE Mame M. Mondedale

24. FUNERAL DIRECTOR ADDRESS Howard K. McConnon Inc Abingdon Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Francis Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md.
STREET ADDRESS (If rural, give location) Commerce & Market

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary Orlando (Last) (Wilhelmina Foch)

4. DATE OF DEATH (Month) (Day) (Year) 9/3/52 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7/28/1876
9. AGE last birthday 76 yrs. If under 1 year Months 1 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Catholic Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Anton Foch
14. MOTHER'S MAIDEN NAME Teresa Koehler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hosp. Records, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Arterio Sclerotic Cardio Vascular Disease	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cerebral Hemorrhage	2 mos
	(c)	Cachexia	1 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1949, to 9/3/, 1952, that I last saw the deceased alive on 9/3, 1952, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley MD
ADDRESS Two Thousand Seven Ave Sign Md
DATE SIGNED 9/4/52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/5/52
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. Sept. 4-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible] 72

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) Hix (Last) Owen

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 18, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Bryant Peach Orchard
11. BIRTHPLACE (State or foreign country): Pulaski, Virginia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Armistead Owen
14. MOTHER'S MAIDEN NAME: Mary E Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16 SOCIAL SECURITY No.: ——
17. INFORMANT & ADDRESS: Mrs. Chester Briney Chapel Road Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Oedema — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Myocarditis c Hypotension — 10 years

DUE TO

(c) Chronic Nephritis — 15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Sept, 1952, that I last saw the deceased alive on Sept 12 1952 and that death occurred at 5.30 AM from the causes and on the date stated above.

SIGNATURE Wm Wolbert M D (Degree or title) ADDRESS Havre de Grace Md DATE SIGNED Sept 13, 1952

BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 14, 1952
NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 13 1952
REGISTRAR'S SIGNATURE Bertha B. Knight
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1952
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09573

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY (in this place) 8-27-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) 19 Armstrong St.

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) L. (Last) Price
4. DATE OF DEATH (Month) Sept. (Day) 7 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 8-26-13
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Homer
14. MOTHER'S MAIDEN NAME Fannie Singleton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Clifford H. Price. Edgewood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Haemorrhage from right Lenticulostriate Artery	8 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	6 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30, 1952, to Sept 7, 1952, that I last saw the deceased alive on Sept 7, 1952 and that death occurred at 5:45 PM m., from the causes and on the date stated above.

SIGNATURE Peter S. Wodman M.D. (Degree or title) ADDRESS Aberdeen DATE SIGNED 9-7-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 11-1952
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) (State) Aberdeen Maryland

DATE REC'D BY LOCAL REG. Sept. 9-1952
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Henry Parring and Sons. ADDRESS Aberdeen Maryland.

SEP 11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - FOREST HILL
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARDIFF
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) OLLIE (Middle) (Last) SHEETS

4. DATE OF DEATH (Month) SEPT. (Day) 10, (Year) 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH AUG. 14, 1885

9. AGE last birthday 67 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) WILKS CO., N. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JACOB SHEETS

14. MOTHER'S MAIDEN NAME CAROLINE ABSHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS Mrs. Ollie Sheets, Cardiff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure, Terminating — Interval Between Onset and Death: Sept 10 (12 hrs)

241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr Bronchial asthma — 20 yrs

Chr Emphysema (Pulmonary)

(c) Chr Cardio-Vascular disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1941, 19..., to Sept 10, 1952 that I last saw the deceased alive on Sept 10, 1952 and that death occurred at 10:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson, M.D. Forest Hill, Md 9/11/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 9/14/52

NAME OF CEMETERY OR CREMATORY BAPTIST VIEW

LOCATION (City, town, or county) HARFORD Co. (State) MD.

DATE REC'D BY LOCAL REG. 9/12/52

REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR John H. Watkins ADDRESS Delta, Pa.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP 16 1...2
BUREAU V. E

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 75 1411

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Aberdeen
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital Aberdeen Proving Ground Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampton
STREET ADDRESS (If rural give location) Route #2 Box 269

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Veney

4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 29 Oct 31

9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Soldier

10b. KIND OF BUSINESS OR INDUSTRY: Army

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Veney

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 24 May To 18 Sep 52

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Military Personnel Aberdeen Proving Ground Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema acute DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bilateral lobar pneumonia DUE TO

(c) Cardiac enlargement

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral cystic disease kidney

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Sept, 1952, to 18 Sept, 1952, that I last saw the deceased alive on 18 Sept, 1952, and that death occurred at 0830, from the causes and on the date stated above.

SIGNATURE (Degree or title) John J. Buckley Capt MC. ADDRESS USAH APG. Maryland DATE SIGNED 18 Sept 52

23. BURIAL, CREMATION, REMOVAL (Specify) Interment DATE THEREOF 22 Sept. 1952 NAME OF CEMETERY OR CREMATORY Hampton Cemetery LOCATION (City, town, or county) Hampton (State) Virginia

DATE REC'D BY LOCAL REGISTRAR Sept 22-1952 REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR ADDRESS Henry Farring and Sons Aberdeen, Maryland.

VS. A15

RECEIVED
SEP 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09576

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - DARLINGTON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHITEFORD
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WINFIELD (Middle) Scott (Last) Whiteford

4. DATE OF DEATH: (Month) September (Day) 21 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 23, 1921

9. AGE last birthday: 31 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FREEZER + CANNER

10b. KIND OF BUSINESS OR INDUSTRY: VEGETABLE FREEZING + CANNING

11. BIRTHPLACE (State or foreign country): WHITEFORD, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLAY P. WHITEFORD

14. MOTHER'S MAIDEN NAME: MARIAN R. STUBBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 219-03-4462

17. INFORMANT AND ADDRESS: Mrs. Opal Whiteford, Whiteford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Fracture Skull — Interval between onset and death: —

819.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rte 1 (CITY OR TOWN): Darlington (COUNTY): Harford (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 9/21/52 1A m.
INJURY OCCURRED While at work ☒ Not while ☐
HOW DID INJURY OCCUR? Auto accident, auto object type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Gerald C Palmer MD Deputy Medical Examiner ADDRESS: Hayford Co Bel Air MD DATE SIGNED: 9/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 9/24/52
NAME OF CEMETERY OR CREMATORY: SLATEVILLE
LOCATION (City, town, or county) (State): York Co. Penna.

DATE REC'D BY LOCAL REG. 9/23/52
REGISTRAR'S SIGNATURE: Priscilla Townsend

24. FUNERAL DIRECTOR: John H. Watkins ADDRESS: Delta, Pa.

VS. A154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 26 1952
BUREAU V. S

09577

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: US ARMY HOSPITAL, APG, Md.
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital, APG, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Maryland
STREET ADDRESS (If rural, give location) 15 Bel Air Ave

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) L (Last) Wolf

4. DATE OF DEATH (Month) (Dey) (Year) September 7 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 18 Oct 1903
9. AGE last birthdey 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) unknown
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS U.S. Army Hospt. APG Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	4 hrs 45 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Dey) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Sep, 1952, to 7 Sep, 1952, that I last saw the deceased alive on 7 Sep, 1952, and that death occurred at 0345 a m., from the causes and on the date stated above.

SIGNATURE Robert W. Sussy 1st Lt MC (Degree or title) ADDRESS Aberdeen Proving Ground, Md. DATE SIGNED 7 Sep 52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept. 7-1952
NAME OF CEMETERY OR CREMATORY Fair View Cemetery
LOCATION (City, town, or county) (State) Trenton New Jersey

DATE REC'D BY LOCAL REG. Sept. 7-1952
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Henry Tarring and Sons - Aberdeen Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 10 1952
BUREAU V. S

Permit
issued
Aug - 7th